



COMMONWEALTH OF KENTUCKY CIVILIAN TRAFFIC COLLISION REPORT

KSP-232 Revised 1/2000

MAIL TO: KENTUCKY STATE POLICE, Records Section, 1250 Louisville Road, Frankfort, KY 40601

Please Print Legibly or Type all Information. Use Black or Dark Blue Ink. Make Copies Before Mailing.

Do Not Complete This Report if the Traffic Collision was Investigated by a Police Officer.

Date of Collision _____ Time _____ AM/PM County _____

This Collision Occurred In Limits of (City or Town) _____

or _____ Miles N S E W of (City or Town) _____

ON Roadway Number or Roadway Name _____ Intersection Roadway Name/# _____ or Between Streets (Roadway Name/#) _____

YOUR INFORMATION (Vehicle 1)

Driver _____

First Middle Last

Address _____

Driver's License (Number & State) _____

Date of Birth (Month/Day/Year) _____

Phone _____

Owner of Vehicle _____

First Middle Last

Address _____

Vehicle _____

Make & Year _____ Model _____

Registration Plate Number & State _____

Insurance Company _____

Address _____

Damage to Vehicle _____

Estimated Cost of Repairs _____

OTHER VEHICLE/PEDESTRIAN (Vehicle 2)

Driver _____

First Middle Last

Address _____

Driver's License (Number & State) _____

Date of Birth (Month/Day/Year) _____

Phone _____

Owner of Vehicle _____

First Middle Last

Address _____

Vehicle _____

Make & Year _____ Model _____

Registration Plate Number & State _____

Insurance Company _____

Address _____

Damage to Vehicle _____

Estimated Cost of Repairs _____

Damage to Property Other than Vehicle _____

Owner's Name _____ Estimated Cost of Repairs _____

Owner's Address _____

DIAGRAM WHAT HAPPENED IN THIS COLLISION

(Number Vehicles, Your Vehicle is Vehicle 1)

Indicate North by Arrow N

DESCRIBE WHAT HAPPENED

Name of Person Completing Report _____

Sign Here (Owner or Driver) Making Report _____ Date of Report _____

Section 1. KRS 189.635 is amended to read as follows:

(2) Any person operating a vehicle on the highways of this state who is involved in an accident resulting in fatal or non-fatal personal injury to any person or damage to the vehicle rendering the vehicle inoperable shall be required to immediately notify a law enforcement officer having jurisdiction. In the event the operator fails to notify or is incapable of notifying a law enforcement officer having jurisdiction, such responsibility shall rest with the owner of the vehicle or any occupant of the vehicle at the time of the accident. A law enforcement officer having jurisdiction shall investigate the accident and file a written report of the accident with his law enforcement agency.

(4) Any person operating a vehicle on the highways of this state who is involved in an accident resulting in any property damage exceeding five hundred dollars (\$500) in which an investigation is not conducted by a law enforcement officer shall file a written report of the accident with the Department of State Police within ten (10) days of occurrence of the accident upon forms provided by the department.

DO NOT COMPLETE THIS REPORT IF THE TRAFFIC COLLISION WAS INVESTIGATED BY A POLICE OFFICER

Instructions

- (1) If you were involved in a collision with a pedestrian, enter the pedestrian information in the OTHER VEHICLE/PEDESTRIAN space provided for OTHER VEHICLE/PEDESTRIAN and print the word "PEDESTRIAN" in the OWNER block.
- (2) If you were involved in a collision with a vehicle other than a motor vehicle, (for example, snowmobile, minibike, bicycle, all-terrain vehicle, trail bike, or other non-motor vehicle) enter the driver, owner, and vehicle information as you normally would for OTHER VEHICLE/PEDESTRIAN.
- (3) If a vehicle is unoccupied at the time of the collision, enter all available information pertaining to that vehicle. Be sure to correctly enter the vehicle's license number and vehicle's description in the appropriate VEHICLE block.
- (4) Driver information must be entered exactly as it appears on each driver's license.
- (5) Owner information must be entered exactly as it appears on the registration receipt of each vehicle involved in the collision.
- (6) If you were involved in a collision in which there were more than two vehicles, additional report forms must be filled out. On the form, place the information for the third vehicle in the space marked "YOUR INFORMATION" and identify it as Vehicle 3. Use the space marked "OTHER VEHICLE/PEDESTRIAN" for the fourth vehicle and identify it as Vehicle 4, and so on.

Please complete the following information by checking the appropriate values ☒.

**PRE-COLLISION DIRECTION
OF TRAVEL**

Vehicle 1 Vehicle 2

- ☐ ☐ North
☐ ☐ South
☐ ☐ East
☐ ☐ West

PRE-COLLISION VEHICLE ACTION

Vehicle 1 Vehicle 2

- ☐ ☐ Avoiding Object
In Roadway
☐ ☐ Backing
☐ ☐ Changing Lanes
☐ ☐ Entering Parked Position
☐ ☐ Going Straight Ahead
☐ ☐ Leaving Traffic Lane
☐ ☐ Making Left Turn
☐ ☐ Making Right Turn
☐ ☐ Making U Turn
☐ ☐ Merging
☐ ☐ Overtaking
☐ ☐ Parked
☐ ☐ Slowing or Stopping
☐ ☐ Starting from Parking
☐ ☐ Starting in Traffic
☐ ☐ Stopped in Traffic
☐ ☐ Wrong Direction
☐ ☐ Other
☐ ☐ Unknown

**1ST EVENT COLLISION
WITH (continuation)**

Fixed Object

- ☐ Bridge Parapet End
☐ Bridge Pier, Abutment
☐ Bridge Rail
☐ Building/Wall
☐ Crash Cushion/
Impact Attenuator
☐ Culvert/Head Wall
☐ Curbing
☐ Earth Embankment/
Rock Cut/Ditch
☐ Fence
☐ Fire Hydrant
☐ Guardrail End
☐ Guardrail Face
☐ Light/Luminaire Support
☐ Mailbox
☐ Median Barrier
☐ Other Post, Pole,
or Support
☐ Overhead Sign Post
☐ Sign Post
☐ Snowbank
☐ Toll Booth
☐ Traffic Signal Support
☐ Tree
☐ Utility Pole
☐ Other Fixed Object

Non-Collision

- ☐ Fell from Vehicle
☐ Fire/Explosion
☐ Jackknife
☐ Overturned
☐ Ran off Roadway (Only)
☐ Submersion
☐ Other Non-Collision

WEATHER

- ☐ Blowing Sand, Soil,
Dirt, Snow
☐ Clear
☐ Cloudy
☐ Fog/Smog/Smoke
☐ Fog with Rain
☐ Raining
☐ Severe Crosswinds
☐ Sleet/Hail
☐ Snowing
☐ Other

ROADWAY CONDITION

- ☐ Dry
☐ Ice
☐ Sand, Mud, Dirt
Oil, Gravel
☐ Snow/Slush
☐ Wet
☐ Other

ROADWAY SURFACE

- ☐ Asphalt
☐ Concrete
☐ Gravel
☐ Other

ROADWAY CHARACTER

- ☐ Curve & Grade
☐ Curve & Hillcrest
☐ Curve & Level
☐ Straight & Grade
☐ Straight & Hillcrest
☐ Straight & Level

ROADWAY TYPE

- ☐ County Road
☐ Federal
☐ Frontage Road
☐ Interstate
☐ Local Street
☐ Parkway
☐ State
☐ None of the Above

TRAFFIC CONTROL

- ☐ Advisory Speed Sign
☐ Center Line
☐ Curve Sign
☐ Flashing Light
☐ Median
☐ No Passing Zone
☐ Officer or Flagman
☐ RR Gates
☐ RR Signs or Signals
☐ School Zone Signs
☐ Stop & Go Signal
☐ Stop Sign
☐ Warning Signs
☐ Yield Signal
☐ Other
☐ None

**1ST EVENT COLLISION WITH
Non-Fixed Object**

- ☐ Animal
☐ Bicycle
☐ Deer
☐ Motor Vehicle in Transport,
Other Roadway
☐ Other Motor Vehicle
☐ Pedestrian
☐ Railroad Train
☐ Other Object/Not Fixed